

# Implementing Shared Medical Visits for High-Risk Diabetic Patients

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# Implementing Shared Medical Visits for High-Risk Diabetic Patients

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## Introduction

As the number of Americans diagnosed with Type 2 Diabetes Mellitus (DM) skyrockets, increased pressure is put on providers to improve access, increase quality, and decrease the cost of medical care associated with the management of this chronic condition. One proposed solution is the shared medical visit (SMV) model. Under this model, patients meet with their healthcare providers for at least one hour, during which time they not only receive their usual medical evaluation but also engage in interactive education with other diabetic patients in a small group setting.

Supported by over 30 years of clinical research, SMVs have been shown to improve patients' glycemic control, medication compliance, feelings of self-efficacy, and satisfaction with their medical care, while decreasing patient hospitalizations, physician hours, and overall healthcare costs<sup>1</sup>. In this way, SMVs can be considered an effective means of improving both individual health and population management in busy primary care practices.

## Plan

Although the Lehigh Valley Physicians Practice (LVPP) in Allentown, PA is home to 12 residents and three nurse practitioners, caring for over 1200 DM patients in need of regular visits places a strain on their team. Standard three-month diabetic follow up appointments last 40 minutes and must include physical assessment, lab review, medication adjustment, diabetic education, and assessment of acute problems such as pain. In order to improve the management of the DM population at VLPP, this project aimed to examine the implementation of the SMV model.

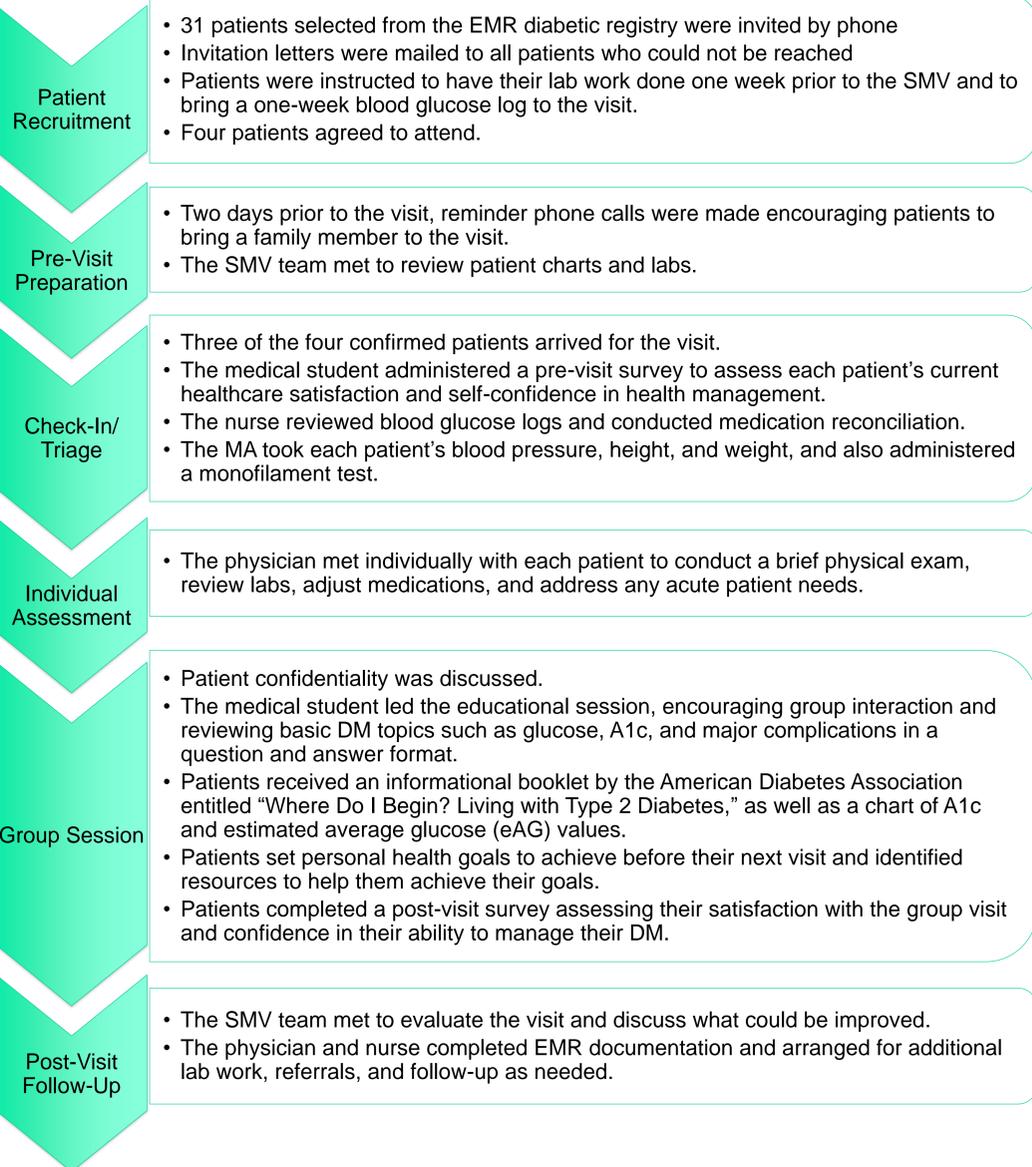
Our program focused on DM patients having a hemoglobin A1c value of 8.0% or higher. We designed the program such that groups of four to eight patients would be scheduled for each visit, with the hopes that these groups would consistently return for three-month follow-up SMVs. After assembling a team consisting of a physician, nurse, certified diabetic educator, second-year medical student, and medical assistant, the LVPP's electronic medical record (EMR) was used to generate a list of potential patients. We created a workflow for the SMV based on papers published online regarding SMV implementation,<sup>2,3</sup> as well as an interactive, educational PowerPoint based on materials from current LVPP group education classes.

## Literature Cited

1. Jaber, R., Braksmajer, A, and Trilling, JS. (2006). Group Visits: A Qualitative Review of Current Research. *Journal of the American Board of Family Physicians*, 19(3), 276-290.
2. Kirsh, S., Lawrence, R., Stevenson, L., Watts, S., Schaub, K., Aron, D., Pascuzzi, K., Strauss, G., and O'Day, M. (2012). Shared Medical Appointments: Implementing Diabetes SMAs to Improve Care for High Risk Patients, *InTech Primary Care at a Glance*, DOI: 10.5772/37526.
3. Jones, K., Kaewluang, N., and Lekhak, N. (2014). Group Visits for Chronic Illness Management: Implementation Challenges and Recommendations. *Nursing Economics*, 32(3), 118-147.

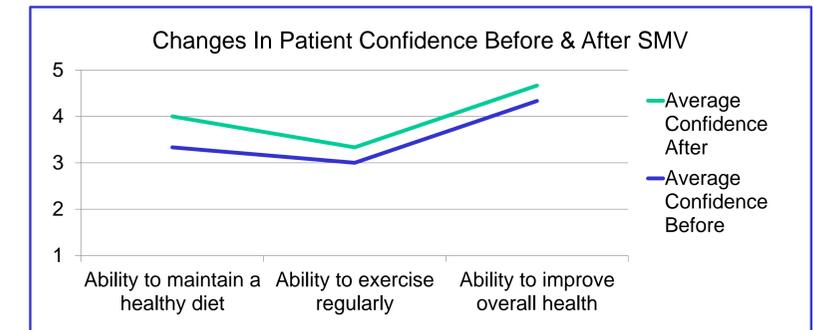
## Do

### Shared Medical Visit Implementation Workflow



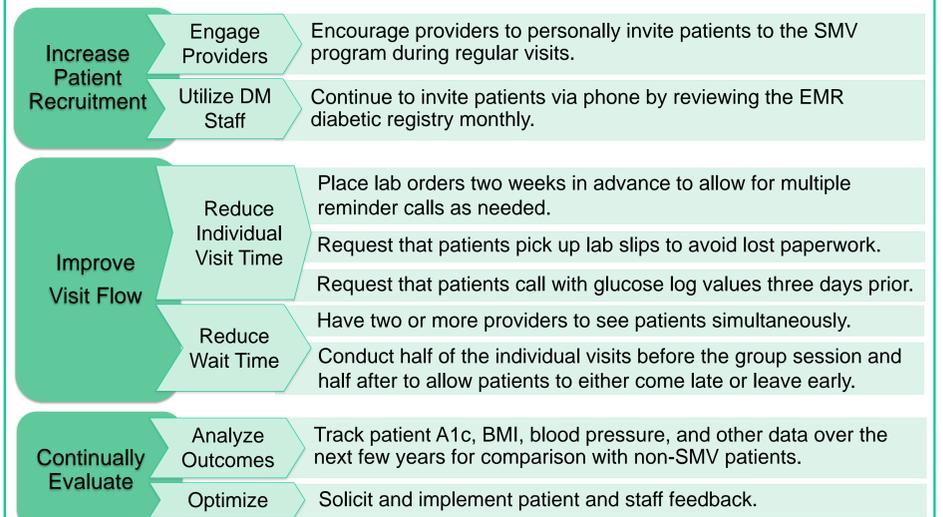
## Study

Although the number of patients surveyed was too small for statistical analysis, patients generally reported increased confidence in their ability to maintain a healthy diet, exercise regularly, and improve their overall health. They also rated very highly the amount of time spent with the provider, as well as the usefulness of the information they received from their providers and fellow patients. Most importantly, all patients expressed an interest in continuing with SMVs. Popular topic suggestions for future group sessions included diet, medications, and foot care.



## Act

### Strategies for SMV Program Improvement



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